PETITION OF APPEAL FROM DECISION OF MIAMI-DADE COUNTY COMMUNITY ZONING APPEALS BOARD TO THE BOARD OF COUNTY COMMISSIONERS

	CHECKED BY 16 AMOUNT OF FEE 103.40
	RECEIPT# 1200411818 DECENVED
	DATE HEARD: 11 /16/04
	BY CZAB # DEC 0 6 2004  ZONING HEARINGS SECTION
	MIAMI-DADE PLANNING AND ZONING DEPT.
	DATE RECEIVED AT TAMP.
	***************************************
	This Appeal Form must be completed in accordance with the "Instruction for Filing an Appeal" and in accordance with Chapter 33 of the Code of Miami-Dade County, Florida, and return must be made to the Department on or before the Deadline Date prescribed for the Appeal.
	RE: Hearing No. 04 - 11 - C28 - 1 (04 - 113)
	Filed in the name of (Applicant) <u>ANTONIO SAN CHEZ</u>
	Name of Appellant, if other than applicant <u>Antonio Sanchez</u>
	Address/Location of APPELLANT'S property: 101001 N.W. 27 AVE.
	MI OMI, FL 33147
	Application, or part of Application being Appealed (Explanation):
	Appellant (name): Antonio Luis Sanchez
	hereby appeals the decision of the Miami-Dade County Community Zoning Appeals Board with reference to the above subject matter, and in accordance with the provisions contained in
	Chapter 33 of the Code of Miami-Dade County, Florida, hereby makes application to the Board of County Commissioners for review of said decision. The grounds and reasons supporting the
	reversal of the ruling of the Community Zoning Appeals Board are as follows: (State in brief and concise language)
	As it was explained in our zoning hearing on
Nover	mber 16,2004 Staff not only approved the
appli	cation verbally but also did not mention or
hav	epage any knowledge of any pending
ord	inance we paid our fees with the
un	end to verbally but also did not mention or end any knowledge of any pending in ance we paid our fees with the derstanding that plan would be aproved.
	$)  abla I \ D ar{V}  abla \ (1 \ . )$

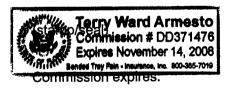
# **APPELLANT MUST SIGN THIS PAGE** Date: 10 day of December Signed REPRESENTATIVE'S AFFIDAVIT If you are filing as representative of an association or other entity, so indicate: Representing Signature **Print Name** Address City State Zip

Subscribed and Sworn to before me on the

day of DECKNSEN, year 2004

Notary Public

Telephone Number



04-113

### **APPELLANT MUST SIGN THIS PAGE**

Date: 14 day of January Signed	, year: 2005
	Antonio L. Sanchez Print Name
	4906 NW 186 Street, Dalock Mailing Address
	305-812-1400
REPRESENTATIVE'S AFFIDAVIT If you are filing as representative of an association or other entity, so indicate:	Antonio L. Schez Representing
	Forrest Sygman
	Print/Name  8603 5 Divie Highway 303  Address
,	Miam? FL 33143, City State Zip
	305 - 661 - 8955 Telephone Number
Subscribed and Sworn to before me on the	14 day of <u>January</u> , year <u>2005</u> Notary Public
	(stamp/set) Wilma Morillo  (stamp/set) Wy Commission DD235510  Expires July 29, 2007

Commission expires: Tuly 29, 2007

## APPLICATION FOR PUBLIC HEARING APPEAL OF ADMINISTRATIVE DECISION

\*AMOUNT OF FEE \$855.00 (Code Z600) Total including surcharge \$923.40 RECEIPT# BY. FOLIO # \_ Date Receipt Stamp CZAB# **RADIUS ASSIGNED** Sec.\_\_\_\_ Twp.\_\_\_ Rge.\_\_ IMPORTANT - The applicant and/or the applicant's attorney should be present at the hearing. 1. Name of Applicant (PRINT) \_ Tel. No. 305 - 812 - 1400 Tel. No. <u>305 - 81</u>2 - 1400 4. Mailing Address 5. Name of Property Owner Tel. No. 7. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION (If subdivided, lot, block, complete name of subdivision, plat book and page number). (If metes and bounds description - complete description, including section, township and range). <u>oorary</u> address given'' 8. Address or location \_ Acres \_O · // / acre 9. Size of Property\_\_\_\_ft. X \_\_\_\_ft. 10. Administrative Decision appealed: (State in brief and concise language.) 11. Section and paragraph of regulations if applicable: (Copy regulations in detail).

#### APPEAL OF ADMINISTRATIVE DECISIONS

12. Alleged error in the order, requirement, decision or determination made by administrative official in interpretation or enforcement of regulation:
Someone with a similar application, (with less than anacre) was approved in May 2004. The ordinance is being enforced on us to its full extent. An ordinary that no one knew existed. Zoning was changed from BU2 + RU-I to BU3.  13. Reason why the decision should be reversed:
The decision should be reversed because we surrendered all pertinent monies and fees with the understanding that there was nothing against our application. We were told it was in consistency with the master plan etc.
AFFIDAVIT  I, Arrive of the action of the administrative official made the subject matter of this application, and that all of the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct and honest to the best of my knowledge and belief.  AFFIDAVIT  Later Arrive of the part of this application, and that all of the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct and honest to the best of the part
Signature  Sworn and Subscribed before me  this 6 day of DECEMBER, 2004  DIOTARY PUBLIC
*NOTE: AN 8% SURCHARGE WILL BE ADDED TO ALL FEES EXCEPT DERM AND CONCURRENCY AND WILL BE IN EFFECT FROM 10/1/03 THROUGH 9/30/06.  Rev. 9/30/03
Man Man Again Williams
Commission # DD371476 Expires November 14, 2008 Bonded Troy Fain - Insurance, Inc. 800-385-7019  Expires November 14, 2008  Expir

### **APPELLANT'S AFFIDAVIT OF STANDING**

(must be signed by each Appellant)

STATE OF FLORIDA		
COUNTY OF MIAMIDADE		
Before me the undersigned authority, personally app (Appellant) who was sworn and says that the Appell of a Community Zoning Appeals Board decision.	peared <u>Antonio C. Sanche</u> Z lant has standing to file the attached appeal	
The Appellant further states that they have standing Zoning Appeals Board matter because of the following		
(Check all that apply)		
<ul> <li>1. Participation at the hearing</li> <li>2. Original Applicant</li> <li>3. Written objections, waivers or consent</li> </ul>		
Appellant further states they understand the meaning and that under penalties of perjury, Affiant declares to		
Further Appellant says not.		
Witnesses:	action Lhi.	
Jessica Melo	Appellant's signature <u>Antonio L. Sanchez</u> Print Name	
Signature  Forest Signan  Print Name		
Sworn to and subscribed before me on the day		
Appellant is personally know to me or has produced DRIVERS AICENSE \$ 5522-612 -56-211-6 as identification.		
	Notary (Stamp/Seal)	
	Commission Expires:	
Page 3	[b:forms/affidapl.sam(11/03)]	

